

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	8/24/99
O.I.P.E. CLASSIFIER		48	8/30/99
FORMALITY REVIEW	98	69916	9-3-99

INDEX OF CLAIMS

Best Available Copy

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	5	5
2	✓	5	5
3	✓	5	5
4	✓	5	5
5	✓	5	5
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48	✓	5	5
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50	✓	5	5

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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